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	<div>Office of Minority Health</div>  <div> <a href="#">OMH Home</a>   <a href="#">About Us</a>   <a href="#">Sitemap</a>   <a href="#">Contact Us</a> </div>	
 <div> <a href="#">About Minority Health</a>  <a href="#">Cooperative Agreements</a>  <a href="#">Reports / Publications</a>  <a href="#">Partnerships</a>  <a href="#">Racial &amp; Ethnic Minority Populations</a>  <a href="#">Training Opportunities</a> </div>	<h2>Centers for Disease Control and Prevention (CDC) FY 2002 and FY 2003 Implementation Plans for the White House Initiative on Asian Americans and Pacific Islanders (AAPI)</h2> <p><b>Strategic Goal #1:</b></p> <p>Institutionalize an agency wide mechanism to address AAPI issues.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Institutionalize CDC-wide mechanism to address AAPI issues.</li> </ol> <p><b>Strategic Goal #2:</b></p> <p>Improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Improve surveillance system by utilizing the CDC-developed Tuberculosis Information System (TIMS) in Guam, Republic of Palau (Palau), the Commonwealth of Northern Mariana Islands (CNMI), American Samoa (AS), the Federated States of Micronesia (FSM), and the Republic of Marshall Islands (RMI).</li> <li>2. Establish and maintain a consistent and routine HIV and AIDS case reporting system in all six funded Pacific Island jurisdictions by using either the electronic HIV and AIDS Reporting System (HARS) or a modified manual system, when appropriate.</li> <li>3. Collect results and analyze Youth Risk Behavior Survey (YRBS) from the Pacific Region including American Samoa, RMI, CMNI, Republic of Palau, Guam, and Hawaii.</li> <li>4. Characterize molecular changes that serve as early and quantitative markers for neurotoxic effects.</li> <li>5. Establish relations between cause and effect hampered by a lack of defined human cohorts, verification of exposure and the lack of quantitative index of brain tissue damage.</li> <li>6. Protect the health and safety of agricultural workers and their families, and to prevent occupational disease and injury among agricultural workers and their families.</li> <li>7. Improve the safety and health of construction workers through evaluating targeted intervention strategies for their effectiveness and applicability across the industry.</li> </ol>	<div> <a href="#">Reports Publication Section Menu</a>  <a href="#">CDC FY 2002 and FY 2003 IP for AAPI</a>  <a href="#">PDF Print Version</a>    <a href="#">HAA EEHA</a>  <a href="#">HHS OMH Cultural Health Care</a>  <a href="#">Diversity in Health Care</a>  <a href="#">CDC Guiding Principles on Consultation</a> </div>
<div>CAMICC</div> <div> <a href="#">SEARCH OMH Web site</a> </div>		

8. Plan and implement an on-site hazard survey of establishments and workers.
9. Increase the number of states conducting Adult Blood Lead Epidemiology and Surveillance (ABLES) program and enhance the state surveillance programs in reducing to zero the number of workers having blood lead concentrations of 25 mcg/dL or greater of whole blood (Objective 20.7 in *Healthy People 2010*).
10. Further the field development, evaluation, and demonstration of interventions aimed at reducing worker exposure to moving vehicles and equipment operating inside the boundaries of work zones and other work areas.
11. Evaluation of Electrical Safety High School Curriculum. This project will research the critical elements that contribute the most strongly in improving secondary school vocational education students' knowledge, attitudes, and behavioral intentions about Occupational Safety and Health (OSH). By identifying how best to reach these young workers, this project supports the National Occupational Research Agenda (NORA) area of Special Populations at Risk with its focus on adolescent workers.
12. Illustrate CDC's National Institute for Occupational Safety and Health (NIOSH) publications to convey information to illiterate, semi-literate, and English-as-a-second-language workers.
13. Identify relationships between 14 job stressors, depression, hypertension, angina, and myocardial infarction (heart attack); make recommendations that reduce the magnitude of cardiovascular disease and depression of 10,000 working men and 10,000 working women.
14. Evaluate interventions that will decrease accidents involving equipment at roadway construction work zone.
15. Develop a validated respirator performance test for the NIOSH certification program.
16. Establish fit test panels into the NIOSH certification program.
17. Target educational and informational programs to reduce the exposures of workers and minimize hazards associated with respirators.
18. Establish a Pregnancy Risk Assessment Monitoring System (PRAMS) in Hawaii.
19. Identify risk and protective factors for infant mortality.
20. Develop National Program of Cancer Registries (NPCR) in Republic of Palau.
21. Develop and implement a multi-center collaborative Diabetes Translation Research Initiative and Translating Research into Action for Diabetes (TRIAD) within managed care settings in Hawaii.

**Strategic Goal #3:**

Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

**Objectives:**

- 1.** Expand CDC-based training for goal and promote visits to Pacific Island entities to enhance cultural competence and promote existing educational products.
- 2.** Expand opportunity for training that will help to better address the multiple cultures and issues facing the Micronesian; increase the availability of technical assistance necessary to develop HIV prevention and interventions that are culturally and linguistically appropriate; address the inter-island migration and travel and how that impacts HIV prevention efforts.
- 3.** Facilitate linkages into the Asian and Pacific Islander communities to provide technical assistance and training on culturally competent and linguistically appropriate breast and cervical cancer screening program.
- 4.** Develop and implement a model based on scientific evidence for preventing sexual and intimate partner violence among college-aged Asian American women.
- 5.** This project uses Native Hawaiian values, beliefs, and practices to address intimate partner violence and sexual violence among Native Hawaiian perpetrators and victims.
- 6.** Replicate and disseminate cultural competency training on breast and cervical cancer in Asian women for a broad base of health care providers.
- 7.** Reduce infant mortality by county and ethnicity among AAPIs in Hawaii.

**Strategic Goal #4:**

Protect civil rights and equal opportunity for Asian Americans and Pacific Islanders.

**Objectives:**

- 1.** Ensure confidentiality of patient information, funding parity, and equal access to all federal resources.

**Strategic Goal #5:**

Strengthen and sustain Asian American and Pacific Islander community capacity.

**Objectives:**

- 1.** Increase availability of training opportunities that encourage laboratorians, Tuberculosis (TB) program coordinators, and other related health professionals to address TB and HIV laboratorian testing proficiency and capacity.

2. Resolve the problem surrounding the transshipment of infectious or diagnostic goods throughout the communities of FSM, RMI, American Samoa, Republic of Palau, Guam, CNMI and Hawaii to the mainland as necessary.
3. Evaluate the impact of Hepatitis B immunization in AAPI children and their family members.
4. Provide funding for 34 state-base hepatitis coordinators; establish 5 new sites.
5. In collaboration with the Department of Interior, Office of Insular Affairs, provide funding for Hepatitis B research and implementation of Hepatitis B control programs to the U.S.-associated Pacific jurisdictions.
6. The Asian-Pacific Economic Cooperation (APEC) Telecommunications Network for emerging infectious disease continues to develop and enhance its communications technology-based approach to prevent emerging infectious diseases related to trade and travel within the 21 economies of the APEC consortium.
7. Establish and strengthen school health education programs that address youth risk behaviors that result in HIV infection, sexually transmitted disease, and unintended pregnancy.
8. Develop strategies to eliminate health disparities among Asian Americans, Native Hawaiians and other Pacific Islanders.
9. Effective youth violence prevention.
10. Provide resources for rape prevention and education programs to rape crisis centers, state and territory sexual assault coalitions, and other public and private nonprofit entities.
11. Develop, implement, and evaluate System-Based Diabetes Prevention and Control Programs (DCPs).
12. Maintain a Regional Center to foster community involvement and action to address the burden of diabetes in the Pacific Basins.
13. Through the National Diabetes Education Program (NDEP), develop program to reduce morbidity and premature mortality due to diabetes.
14. Initiative to mobilize for the prevention and control of tobacco use through the National Tobacco Prevention and Control Program.

**Strategic Goal #6:**

Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

**Objectives:**

1. Utilize cooperative agreements (COAG) to fund TB prevention, control, and laboratory efforts in the Pacific Islands Basin and

Hawaii.

- 2.** Further develop and strengthen the relationship between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners currently funded through HIV prevention cooperative agreement.
- 3.** Provide technical consultation to the Pacific Islander Health Officers Association (PIHOA).
- 4.** Provide National Research Council (NRC) Post-doctoral visiting fellowship program. The purpose of this associate ship-training program is to provide education and training to help alleviate the critical shortage of occupational safety and health manpower.
- 5.** Demonstrate evidence of AAPI women being screened through minimum data elements reported twice yearly by each screening program to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).
- 6.** Preventive Health and Health Services Block Grant to support categorical programs to states that have insufficient funds.

## **Centers for Disease Control and Prevention Fiscal Year 2002 and 2003 Implementation Plans for the White House Initiative on Asian Americans and Pacific Islanders (AAPIs)**

### **Executive Summary**

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC is committed to ensuring that programs and services are delivered appropriately and effectively. The annual Implementation Plan and Report of Accomplishments identify the specific activities and measurable outcomes of AAPI programs.

Recently, President Bush extended Executive Order 13125, affirming his commitment to the Initiative. In January, the President's Advisory Commission on AAPIs submitted their interim Report to the President: *A People Looking Forward*. **In order to meet these goals, CDC will continue to develop a framework for the Initiative with the following primary goals:**

1. Institutionalize each federal agency's implementation of this initiative.
2. Improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders.
3. Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.
4. Protect civil rights and equal opportunity for Asian Americans

and Pacific Islanders.

5. Strengthen and sustain Asian American and Pacific Islander community capacity.
6. Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

**During fiscal year 2002 and 2003, CDC will implement the following plans:**

1. Collect results and analyze the Youth Risk Behavior Survey (YRBS) for the Pacific Region, including American Samoa, the Republic of Marshall Islands, the Commonwealth of Northern Mariana Islands, the Republic of Palua, and Hawaii. The result of the 2001 YRBS data analysis will be published and used to guide program activities in the Pacific Region.
2. Evaluate the impact of Hepatitis B immunization in AAPI children and their family members. The Hepatitis B virus survey program will be implemented as soon as the program receives the approval from the Institution Review Board. The survey will involve 500 to 1,000 AAPI children and family members in Georgia, and 1,000 to 3,000 AAPI first graders in Hawaii.
3. Establish and strengthen school health education programs that address youth risk behaviors that result in HIV infection, sexually transmitted disease, and unintended pregnancy. CDC will provide funding to state and territorial education agencies to: (1) implement the annual Pacific Region Trainer-to-Trainers for HIV coordinators; (2) provide a skills-based HIV/STDs prevention education curriculum for teachers and school personnel; (3) develop an AIDS Supplementary Guide at the HIV/STDs Summer Institute; (4) increase outreach assistance to targeted high-risk youth; and (5) coordinate and implement the piloting program of Bringing Guam into Your Classroom.

**Responses to Federal Inventory-Part V:  
Agency Infrastructure to Support AAPI Activities**

**Understanding AAPI Needs**

- A. **Has your agency conducted any needs assessments, reports, or other documents within the last five years (produced internally or through an award or contract) to identify, quantify, and evaluate AAPI service needs (such as the needs of Southeast Asians in the Midwest, Pacific Islanders in the mainland, etc.)? If yes, please list and describe.**

Yes, the Racial and Ethnic Approaches to Community Health (REACH) 2010 grantees have conducted needs assessments; the results of which culminated into their Community Action

Plan, which is a targeted action plan used to guide their community coalition demonstration projects. The grantees include: the Seattle-King County REACH 2010 Project; REACHing Vietnamese Women (University of California at San Francisco); Cambodian Community Health (Lowell, Massachusetts); Special Services for Groups, Inc-PATH for Women (Los Angeles, California); the Great Brook Valley Health Center (Massachusetts); and New Hampshire Minority Health Coalition.

CDC's Division of Adolescent and School Health (DASH) and its contractor, the Academy for Educational Development (AED), have conducted two needs assessments in 1998 and in 2001 with the Departments/Ministries of Education from American Samoa, Guam, Hawaii, the Republic of Marshall Islands (RMI), the Commonwealth of Northern Mariana Islands (CNMI), and the Republic of Palau to identify the HIV/STDs programmatic and evaluation needs in the implementation of the HIV/STDs prevention programs in each entity. The results of the needs assessments were used to design and implement relevant and culturally-sensitive training.

CDC's Office on Smoking and Health recently conducted an internal needs assessment to identify what information is available on this population, and where there are gaps in data and available resources. The findings are currently being analyzed. CDC's Division of Diabetes Translation has conducted needs assessment in conjunction with the establishment of the regional Diabetes Today Center.

#### **Cultural and Linguistic Competency**

- B. Does your agency have regulations, policies or guidance memoranda on compliance with Title VI of the Civil Rights Act for the limited-English proficient? If yes, please describe or attach.**

No, CDC has not developed regulations, policies, or guidance memoranda on compliance with Title VI of the Civil Rights Act for the limited-English proficient.

- C. Does your agency have any informational materials translated in AAPI languages? If yes, please list and describe.**

Yes, REACH 2010 grantees, identified above, have translated materials for their populations. Also, the evaluation contractor (National Opinion Research Center) has been working with the REACH 2010 communities to translate materials for the Asian Americans and Pacific Islanders (AAPI) communities participating in REACH 2010.

The Media Campaign Resource Center makes available tobacco counter-advertisements in Korean, Vietnamese, Mandarin, Cantonese, and Japanese for television, radio, and print. The tobacco control programs in California, Minnesota, and other states originally produced these advertisements. In addition, the Agency for Healthcare Research and Quality's



publication "Treating Tobacco Use and Dependence: A Clinical Practice Guideline" will be available for distribution through CDC in six Asian languages (Korean, Vietnamese, Laotian, Tagalog, Chinese, and Cambodia). Diabetes Today training has been conducted in Korean, Phonepeian, and Palauan. The Association of Asian Pacific Community Health Organization (AAPCHO) has developed "Steps to Manage Your Diabetes" in Chinese, Vietnamese, Tagalog, Korean, and Samoan.

#### **Internal Agency Infrastructure**

**D. AAPI-Specific Workgroups and Advisory Bodies: Does your agency have any ongoing mechanisms for focusing on AAPI issues, such as advisory bodies and workgroups? If yes, please list and describe.**

The Pacific Region entities, including American Samoa, Guam, Hawaii, Republic Marshall Islands, the Commonwealth of Northern Mariana Islands, and the Republic of Palau, have established the Pacific Regional Leadership Team and the Pacific Region Trainer-of-Trainers (PRTT) Annual Conference. The first PRTT HIV Conference was held in Honolulu, Hawaii, from June 24 to June 28, 1999; the second PRTT HIV Conference was held in Agana, Guam from, from June 25 to June 29, 2000; the third PRTT HIV Conference was held in Agana, Guam, from July 11-17, 2001; and the fourth PRTT will be held in Honolulu, Hawaii, on June 2002.

The internal CDC workgroup, comprised of staff working directly with AAPI populations and the advisory group that has representation from each of the funded Pacific jurisdictions, established mechanisms to address AAPI issues. This group was convened as part of establishing the regional Diabetes Today center.

**E. General Workgroups and Advisory Bodies: Does your agency have a process in place to receive input from AAPIs and AAPI community-based organizations? In particular, identify workgroups and advisory bodies tied to your agency's major programs and services. List the ratio of AAPIs constituting those bodies.**

Yes, the REACH 2010 program recently held a meeting of External Consultants (on June 26-27, 2001) to seek input from experts in community health demonstrations projects to eliminate health disparities. Five AAPIs attended; three from AAPI CBOs, two from grantee AAPI national organizations, and one from a federal agency. The total amount of people in attendance was 22; therefore, the ratio in attendance was 5/22. The group will be reconvened in the future.

DASH provides funding and technical assistance to the Pacific Region Trainer-of-Trainers to support the Pacific Islands' constituents with an opportunity to receive culturally appropriate learning opportunities and training based on CDC-identified *Programs That Work* to reduce high-risk behaviors that contribute to HIV and STD infection and unintended pregnancy.



DASH also provides funding and technical assistance to the Pacific Region entities to implement proven effective programs such as *Get Real About AIDS*; *Be Proud! Be Responsible!*; *Reducing the Risk*; *Teenage Health Teaching Modules*; and *Know Your Body*. Regional Diabetes Today Training Center Advisory groups are AAPI exclusive

- F. Identify FTE equivalents in your agency that specifically focus on AAPI issues. If responsibilities and duties involving AAPI issues are parceled out as collateral duties to one or more employees, please compute what the FTE equivalent would be.**

DASH does not have identified FTE equivalents in the Division that specifically focus on AAPI issues. However, the Project Officers from the Program Development and Services Branch assigned to work with American Samoa, Guam, Hawaii, RMI, CNMI, and Palau, are responsible for all the issues related to AAPIs--3.5 FTE from NCCDPHP, 1 FTE from the National Center for HIV, STD, and TB Prevention, and 1 FTE focusing on AAPI initiative in the Office of the Associate Director for Minority Health, located in the Office of Director.

- G. Were there any grant programs in FY 99 for which AAPIs were listed as a funding priority?**

REACH 2010 Demonstration funding is awarded through a Cooperative Agreement first announced in 1999, which listed Asian Americans and Pacific Islanders as a priority population. The Departments/Ministries of Education from American Samoa, Guam, Hawaii, RMI, NMI, and Palau were eligible to apply for Program Announcement 805, "Supplement Funding FY 2001: Youth Media Campaign."

#### **Representation and Workforce Issues**

- H. Has your agency identified or implemented any strategies for improving workforce diversity and the representation of AAPIs within the workforce? If yes, please describe.**

Yes, the Office of Equal Employment Opportunity (OEEO); the Procurement and Grants Office; and the Centers, Institute, and Offices plan to distribute resources and characteristics of AAPI employees surveyed by Human Resource Management Office. OEEO also has a responsibility in the recruitment process and to ensure that AAPIs have an opportunity to fully participate in federally-funded programs.

- I. Is there an AAPI Federal employee organization in your agency? If yes, please describe ways in which your agency utilizes and supports the efforts of this group. Also describe any other strategies in place to support the professional development and career advancement of AAPI employees.**

Yes, the Asian Americans and Pacific Islanders Task Force. Please see letters A-H for a description of how CDC supports the efforts of this group.

### **Data Collection and Evaluation**

- J. **List your agency's main data sets. Indicate for each data set whether:**
  - 1. **aggregated AAPI data is collected and analyzed;**
  - 2. **disaggregated AAPI data is collected and analyzed (specify which subpopulations are identified);**
  - 3. **aggregated AAPI data is collected but not analyzed;**
  - 4. **disaggregated AAPI data is collected but not analyzed (specify which subpopulations are identified);**
  - 5. **AAPI data is not collected.**
- K. **What is the current status for implementing the collection of AAPI data into the two categories, "Asian" and "Native Hawaiian or Other Pacific Islander (NHOPI)," under the new standards for the classification of Federal data on race and ethnicity? Describe the process and strategies for complying with the new standards by 2003? Please attach any relevant documents.**
- L. **Does your agency have any performance measures specifically for AAPIs? If yes, please describe.**

In June of 2000, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded programs in the Pacific (American Samoa, Commonwealth of Northern Mariana Islands, Hawaii, and the Republic of Palau) and began collecting sub-population data regarding Asians and Pacific Islands. Each program collects and analyzes their own data to identify and screen populations at highest risk for breast and cervical cancer. The program determines the categories used, but generally include the major race categories found in the Pacific Islands including Filipino, Native Hawaiian, Carolinian, Chamorro, Samoan, and Palauan.

The NBCCEDP data are currently reported back to CDC as an aggregate Asian/Pacific Islander category. Updates are being made to the current data system to break the category into the two categories, "Asian Americans" and "Native Hawaiians and Other Pacific Islanders."

### **To Strategic Goal #1**

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